COMBINED DECLARATION AND POWER OF ATTORNEY
FOR PATENT APPLICATION

Docket No. 5291

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled **METHOD AND DEVICE FOR PRODUCING AN EMBOSSED WEB MATERIAL AND PRODUCT MADE IN THIS WAY**,

the specification of which is attached hereto unless the following box is checked:

[] was filed on _____ as United States Application Number or PCT International Application Number PCT/IT99/00051 and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s)			Priority Claimed
FI98A46	ITALY	02.03.1998	Yes [X] No []
(Number)	(Country)	(Day/Month/Year Filed)	
FI98A000139	ITALY	10.06.1998	Yes [X] No []
(Number)	(Country)	(Day/Month/Year Filed)	
			Yes [] No []
(Number)	(Country)	(Day/Month/Year Filed)	

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I hereby claim the benefit under 35 U.S.C. §119(e) of any United States provisional application(s) listed below.

(Application Number)	(Filing Date)
(Application Number)	(Filing Date)

I hereby claim the benefit under 35 U.S.C. §120 of any United States application(s), or §365(c) of any PCT International application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

(Application No.)	(Filing Date)	(Status-patented, pending, abandoned)
(Application No.)	(Filing Date)	(Status-patented, pending, abandoned)

I (we) hereby appoint the following attorney with full power of substitution to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

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ALFRED W. BREINER, Reg. No. 18,676; THEODORE A. BREINER, Reg. No. 32,103; and MARY J. BREINER, Reg. No. 33,161.

Address all correspondence to -

BREINER & BREINER, 115 North Henry Street
P.O. Box 19290, Alexandria, Virginia 22320-0290

Address all telephone calls to -

_____ at (703) 684-6885

COMBINED DECLARATION & POWER OF ATTORNEY Docket No. 52941

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Sole or First Inventor:
(given name, family name) Guglielmo BIAGIOTTI

Inventor's Signature Guglielmo Biagiotti Date 27 LUG. 2000

Residence: Via di Vorno 105, 55060 CAPANNORI Citizenship: ITALY
LUCCA Italy I-TX

Post Office Address: Via di Vorno 105 - 55060 CAPANNORI, LUCCA Italy

Full Name of Second Joint Inventor, if any
(given name, family name) _____

Inventor's Signature _____ Date _____

Residence: _____ Citizenship: _____

Post Office Address: _____

Full Name of Third Joint Inventor, if any
(given name, family name) _____

Inventor's Signature _____ Date _____

Residence: _____ Citizenship: _____

Post Office Address: _____
